

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

ADDRESS (number and street)

Two Tower Bridge

One Fayette St., Ste 475

☐ Check if different than previously reported. (ACC)

CONSHOHOCKEN

PA

19428

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00370569

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. William Cruice

Signature of Treasurer

Mr. William Cruice

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 01 2012 To: M M / D D / Y Y Y Y Y Y
06 30 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		29899.03
(b) Cash on Hand at Beginning of Reporting Period.....	36811.00	
(c) Total Receipts (from Line 19)	3991.06	21194.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	40802.06	51093.09
7. Total Disbursements (from Line 31)	5664.56	15955.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35137.50	35137.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y
04 01 2012

To:

M M / D D / Y Y Y Y Y Y
06 30 2012

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:**(a) Individuals/Persons Other**

Than Political Committees

(i) Itemized (use Schedule A).....

1525.00

7955.00

(ii) Unitemized

2466.06

12939.06

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

3991.06

20894.06

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

300.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

3991.06

21194.06

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds**(a) Non-Federal Account**

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶**

3991.06

21194.06

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

3991.06

21194.06

DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	165.56	347.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	165.56	347.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2999.00	6999.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	2500.00	8609.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5664.56	15955.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5664.56	15955.59

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3991.06	21194.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3991.06	21194.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	165.56	347.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	165.56	347.59

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

<p>Full Name (Last, First, Middle Initial) A. Jill Adelman</p> <p>Mailing Address 68 Longwood Drive</p> <p>City Sicklerville State NJ Zip Code 08081</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Temple University Hospital Occupation Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 130.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2012 Transaction ID : SA11AI.5445</p> <p>Amount of Each Receipt this Period 60.00</p> <p>Payroll deduction</p>
<p>Full Name (Last, First, Middle Initial) B. Dawn Ali</p> <p>Mailing Address 404 Jennifer Dr.</p> <p>City Dresher State PA Zip Code 19025</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Brooke Glen Behavioral Hospita Occupation Registered Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 515.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2012 Transaction ID : SA11AI.5446</p> <p>Amount of Each Receipt this Period 45.00</p> <p>Payroll deduction</p>
<p>Full Name (Last, First, Middle Initial) C. Dawn Andonian</p> <p>Mailing Address 537 Crotzer Ave.</p> <p>City Folcroft State PA Zip Code 19032</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Mercy Fitzgerald Hospital Occupation Registered Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 280.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 04 / 2012 Transaction ID : SA11AI.5447</p> <p>Amount of Each Receipt this Period 75.00</p> <p>Payroll deduction</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		180.00
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

<p>Full Name (Last, First, Middle Initial) A. Janis Blakely</p> <p>Mailing Address 1308 Willow Ave Apt A-2</p> <p>City Elkins Park State PA Zip Code 19027</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Temple University Hospital Occupation Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 160.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2012</p> <p>Transaction ID : SA11AI.5448</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Credit card deduction</p>
<p>Full Name (Last, First, Middle Initial) B. Susan Chadwick</p> <p>Mailing Address 4 Pin Oak Ln.</p> <p>City Horsham State PA Zip Code 19044</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Temple University Hospital Occupation Registered Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 280.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2012</p> <p>Transaction ID : SA11AI.5449</p> <p>Amount of Each Receipt this Period 90.00</p> <p>Credit card deduction</p>
<p>Full Name (Last, First, Middle Initial) C. Mr. William Cruice</p> <p>Mailing Address 7413 Mountain Avenue</p> <p>City Elkins Park State PA Zip Code 19027</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer PASNAP Occupation Exec Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2012</p> <p>Transaction ID : SA11AI.5450</p> <p>Amount of Each Receipt this Period 60.00</p> <p>Payroll deduction</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>180.00</p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

<p>Full Name (Last, First, Middle Initial) A. Valentina Dalessandro</p> <p>Mailing Address 535 Prospect Ave</p> <p>City State Zip Code Bridgeport PA 19405</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Mercy Suburban Hospital Registered Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 145.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 18 / 2012</p> <p>Transaction ID : SA11AI.5451</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll deduction</p>		
<p>Full Name (Last, First, Middle Initial) B. Anne Marie Dallago</p> <p>Mailing Address 405 Garden Ln.</p> <p>City State Zip Code Aston PA 19014</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Mercy Fitzgerald Hospital Registered Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 170.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 04 / 2012</p> <p>Transaction ID : SA11AI.5452</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll deduction</p>		
<p>Full Name (Last, First, Middle Initial) C. Patricia Eakin</p> <p>Mailing Address 5730 Reach Street</p> <p>City State Zip Code Philadelphia PA 19120</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Temple University Hospital Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 160.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2012</p> <p>Transaction ID : SA11AI.5453</p> <p>Amount of Each Receipt this Period 60.00</p> <p>Credit card deduction</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			120.00		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

<p>Full Name (Last, First, Middle Initial) A. Sherri Freeman</p> <p>Mailing Address 924 Gilder Dr.</p> <p>City State Zip Code New Castle DE 19720</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Mercy Fitzgerald Hospital Registered Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 120.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 04 / 2012</p> <p>Transaction ID : SA11AI.5454</p> <p>Amount of Each Receipt this Period 60.00</p> <p>Payroll deduction</p>		
<p>Full Name (Last, First, Middle Initial) B. Andrew Gaffney</p> <p>Mailing Address 1000 Amber Ct.</p> <p>City State Zip Code Green Lane PA 19054</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation PASNAP Staff Representative</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1075.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2012</p> <p>Transaction ID : SA11AI.5455</p> <p>Amount of Each Receipt this Period 255.00</p> <p>Payroll deduction</p>		
<p>Full Name (Last, First, Middle Initial) c. Sheila Helge</p> <p>Mailing Address 309 Forest Ave.</p> <p>City State Zip Code Ambler PA 19002</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Brooke Glen Behavioral Hospita Registered Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 245.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2012</p> <p>Transaction ID : SA11AI.5456</p> <p>Amount of Each Receipt this Period 25.00</p> <p>Payroll deduction</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>340.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

<p>Full Name (Last, First, Middle Initial) A. Carol Majchrowski</p> <p>Mailing Address 836 Woodbrook Lane</p> <p>City State Zip Code Plymouth Meeting PA 19462</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Brooke Glen Behavioral Hosp Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 130.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2012</p> <p>Transaction ID : SA11AI.5457</p> <p>Amount of Each Receipt this Period 90.00</p> <p>Payroll deduction</p>		
<p>Full Name (Last, First, Middle Initial) B. Teresa Marcavage</p> <p>Mailing Address 208 Indiana Avenue</p> <p>City State Zip Code Shenandoah PA 17976</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation PASNAP Staff Representative</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 180.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2012</p> <p>Transaction ID : SA11AI.5458</p> <p>Amount of Each Receipt this Period 90.00</p> <p>Payroll deduction</p>		
<p>Full Name (Last, First, Middle Initial) C. Maureen May</p> <p>Mailing Address 62 Goodwin Parkway</p> <p>City State Zip Code Sewell NJ 08080</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Temple University Hospital Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2012</p> <p>Transaction ID : SA11AI.5459</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Credit card deduction</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>210.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

<p>Full Name (Last, First, Middle Initial) A. Paul Muller</p> <p>Mailing Address 137 W 5th Avenue</p> <p>City State Zip Code Conshohocken PA 19428</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation PA Assoc of Staff Nurses Union Rep for Nurses</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 940.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2012 Transaction ID : SA11AI.5460</p> <p>Amount of Each Receipt this Period 120.00</p> <p>Payroll deduction</p>
<p>Full Name (Last, First, Middle Initial) B. Nancy Plummer</p> <p>Mailing Address 304 Willa Rd.</p> <p>City State Zip Code Newark DE 19711</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Wills Eye Hospital Registered Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 120.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2012 Transaction ID : SA11AI.5461</p> <p>Amount of Each Receipt this Period 60.00</p> <p>Credit card deduction</p>
<p>Full Name (Last, First, Middle Initial) C. Emily Randle</p> <p>Mailing Address 2164 N. Franklin St.</p> <p>City State Zip Code Philadelphia PA 19122</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Penn. Assoc. of Staff Nurses Communications & Gov. Relations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 205.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2012 Transaction ID : SA11AI.5462</p> <p>Amount of Each Receipt this Period 60.00</p> <p>Payroll deduction</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>240.00</p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Full Name (Last, First, Middle Initial)

A. April Smith

Mailing Address 624 Hector Street

City State Zip Code
Conshohocken PA 19428

FEC ID number of contributing
federal political committee.

C

Name of Employer

PASNAP

Occupation

Director of Organizing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

06 / 11 / 2012

Transaction ID : SA11AI.5464

Amount of Each Receipt this Period

120.00

Payroll deduction

Full Name (Last, First, Middle Initial)

B. Mark Warshaw

Mailing Address 422 Militia Hill Rd.

City State Zip Code
Fort Washington PA 19034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penn. Assoc. of Staff Nurses

Occupation

Staff Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 11 / 2012

Transaction ID : SA11AI.5465

Amount of Each Receipt this Period

60.00

Payroll deduction

Full Name (Last, First, Middle Initial)

C. Jessica Weil

Mailing Address 2411 15th Street

City State Zip Code
Philadelphia PA 19145

FEC ID number of contributing
federal political committee.

C

Name of Employer

PASNAP

Occupation

Organizer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 11 / 2012

Transaction ID : SA11AI.5466

Amount of Each Receipt this Period

60.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

240.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

<p>Full Name (Last, First, Middle Initial) A. Susan Willoughby</p> <p>Mailing Address 69 Grist Mill Rd.</p> <p>City State Zip Code Glen Mills PA 19342</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Mercy Fitzgerald Hospital Registered Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 190.00</p>			<p>Date of Receipt 06 / 04 / 2012</p> <p>Transaction ID : SA11AI.5467</p> <p>Amount of Each Receipt this Period 15.00</p> <p>Payroll deduction</p>		
<p>Full Name (Last, First, Middle Initial) B.</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ </p>			<p>Date of Receipt </p> <p>Amount of Each Receipt this Period </p>		
<p>Full Name (Last, First, Middle Initial) C.</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ </p>			<p>Date of Receipt </p> <p>Amount of Each Receipt this Period </p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			15.00		
<p>TOTAL This Period (last page this line number only)..... ▶</p>			1525.00		

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Full Name (Last, First, Middle Initial)

A. PNCBank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2012

Mailing Address 317 Fayette Street

City	State	Zip Code
Conshohocken	PA	19428

Transaction ID : SB21B.5485Purpose of Disbursement
Service charge

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. PNCBank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2012

Mailing Address 317 Fayette Street

City	State	Zip Code
Conshohocken	PA	19428

Transaction ID : SB21B.5490Purpose of Disbursement
Service charge

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

3.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. PNCBank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2012

Mailing Address 317 Fayette Street

City	State	Zip Code
Conshohocken	PA	19428

Transaction ID : SB21B.5497Purpose of Disbursement
Service charge

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

3.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11.00

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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Full Name (Last, First, Middle Initial)

A. PNC Merchant Account

Mailing Address 486 Norristown Road

City State Zip Code
 Blue Bell PA 19422

Purpose of Disbursement
 Merchant interchange

001

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 04 02 2012

Transaction ID : SB21B.5486

Amount of Each Disbursement this Period

1.25

Full Name (Last, First, Middle Initial)

B. PNC Merchant Account

Mailing Address 486 Norristown Road

City State Zip Code
 Blue Bell PA 19422

Purpose of Disbursement
 Merchant discount

001

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 04 02 2012

Transaction ID : SB21B.5487

Amount of Each Disbursement this Period

5.12

Full Name (Last, First, Middle Initial)

C. PNC Merchant Account

Mailing Address 486 Norristown Road

City State Zip Code
 Blue Bell PA 19422

Purpose of Disbursement
 Merchant fee

001

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 04 02 2012

Transaction ID : SB21B.5489

Amount of Each Disbursement this Period

47.13

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

53.50

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Full Name (Last, First, Middle Initial)

A. PNC Merchant Account

Mailing Address 486 Norristown Road

City	State	Zip Code
Blue Bell	PA	19422

Purpose of Disbursement
Merchant fee

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

Transaction ID : SB21B.5491

Amount of Each Disbursement this Period

40.70

Full Name (Last, First, Middle Initial)

B. PNC Merchant Account

Mailing Address 486 Norristown Road

City	State	Zip Code
Blue Bell	PA	19422

Purpose of Disbursement
Merchant discount

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

Transaction ID : SB21B.5493

Amount of Each Disbursement this Period

5.45

Full Name (Last, First, Middle Initial)

C. PNC Merchant Account

Mailing Address 486 Norristown Road

City	State	Zip Code
Blue Bell	PA	19422

Purpose of Disbursement
Merchant financial adjustment

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

Transaction ID : SB21B.5495

Amount of Each Disbursement this Period

3.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

49.15

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Full Name (Last, First, Middle Initial)

A. PNC Merchant Account

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

Mailing Address 486 Norristown Road

City	State	Zip Code
Blue Bell	PA	19422

Transaction ID : SB21B.5496Purpose of Disbursement
Merchant interchange

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1.27

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. PNC Merchant Account

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2012

Mailing Address 486 Norristown Road

City	State	Zip Code
Blue Bell	PA	19422

Transaction ID : SB21B.5498Purpose of Disbursement
Merchant fee

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

43.94

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. PNC Merchant Account

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2012

Mailing Address 486 Norristown Road

City	State	Zip Code
Blue Bell	PA	19422

Transaction ID : SB21B.5499Purpose of Disbursement
Merchant discount

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5.45

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.66

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Full Name (Last, First, Middle Initial)

A. PNC Merchant Account

Mailing Address 486 Norristown Road

City State Zip Code
 Blue Bell PA 19422

Purpose of Disbursement
 Merchant interchange

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 06 / 04 / 2012

Transaction ID : SB21B.5500

Amount of Each Disbursement this Period

1.25

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.25

165.56

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Full Name (Last, First, Middle Initial)

A. ALLYSON SCHWARTZ FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2012

Mailing Address P.O. Box 45706

City	State	Zip Code
Philadelphia	PA	19149

Transaction ID : SB23.5469Purpose of Disbursement
Campaign contribution

011

Amount of Each Disbursement this Period

1500.00

Candidate Name

ALLYSON Y SCHWARTZCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 13

Full Name (Last, First, Middle Initial)

B. Boockvar for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2012

Mailing Address PO Box 27

City	State	Zip Code
Doylestown	PA	18901

Transaction ID : SB23.5477Purpose of Disbursement
Campaign contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

KATHRYN BOOCKVARCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 08

Full Name (Last, First, Middle Initial)

C. PHILIP SCOLLO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2012

Mailing Address 161 CROCUS LANE

City	State	Zip Code
MILFORD	PA	18337

Transaction ID : SB23.5483Purpose of Disbursement
Campaign contribution

011

Amount of Each Disbursement this Period

499.00

Candidate Name

SCOLLO FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 10

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2999.00

2999.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Full Name (Last, First, Middle Initial)

A. DayPac

Mailing Address PO Box 60178

City	State	Zip Code
King of Prussia	PA	19406

Purpose of Disbursement
Campaign contribution

Candidate Name

Daylin LeachOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2012

Transaction ID : SB29.5473

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Elect Babette Josephs

Mailing Address 1528 Walnut St Ste 515

City	State	Zip Code
Philadelphia	PA	19102

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	16	/	2012

Transaction ID : SB29.5470

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Friends of Matt Bradford

Mailing Address PO Box 349

City	State	Zip Code
Norristown	PA	19404

Purpose of Disbursement
Campaign contribution

Candidate Name

Matt BradfordOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 70

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2012

Transaction ID : SB29.5474

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Full Name (Last, First, Middle Initial)

A. Friends of Paul Drucker

Mailing Address PO Box 393

City	State	Zip Code
Paoli	PA	19301

Purpose of Disbursement
Campaign contribution

Candidate Name

Paul DruckerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

Transaction ID : SB29.5478

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Friends of Tina Davis

Mailing Address 3012 West Avenue

City	State	Zip Code
Bristol	PA	19007

Purpose of Disbursement
Campaign contribution

Candidate Name

Tina DavisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

Transaction ID : SB29.5481

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Steve Santarsiero for State RepresentativeMailing Address 2865 S. Eagle Road
#363

City	State	Zip Code
Newtown	PA	18940

Purpose of Disbursement
Campaign contribution

Candidate Name

Santarsiero for State RepresentativeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

Transaction ID : SB29.5480

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

2500.00
